

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002442

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187Primary Registration District No. 5705Registrar's No. 31

FILED FEB 13 1963

## 1. PLACE OF DEATH

a. COUNTY

Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Monroe Twp.

Length of stay in 1b

13yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Own homeInside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Livingston

c. CITY OR TOWN Braymer, Mo RFD

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
EARL VAN WINKLE

4. DATE OF DEATH

Month Day Year  
Feb. 5 1963

## 5. SEX

Male white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

Jan. 18, 1890

73yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmer

10b. KIND OF BUSINESS OR INDUSTRY

general farming

11. BIRTHPLACE (City and state or country)

Kansas

12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

Sylvester VanWinkle

## 13b. MOTHER'S MAIDEN NAME

Sarah Berg

## 14. NAME OF HUSBAND OR WIFE

Jessie VanWinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs Jesse VanWinkle Braymer, Mo RFD

## 18. CAUSE OF DEATH (Enter only one cause per line for each of the following)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN ONSET AND DEATH

APPROX 10 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CORONARY THROMBOSIS

Several yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 1962 to Nov 1962 and last saw him alive on Nov 1962  
Death occurred at 8:00a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)  
J. L. Winkler

DO

22b. ADDRESS  
Braymer, Mo22c. DATE SIGNED  
2-6-63

23a. BURIAL CREMATION REMOVAL (Specify)

removal

23b. DATE

2-8-63

23c. NAME OF CEMETERY OR CREMATORY

Sydney Cemetary,

23d. LOCATION (City, town, or county)

Sydney, Iowa

(State)

## 24. FUNERAL DIRECTOR

Mead - Pitts

ADDRESS

Braymer, Mo

25. DATE RECD. BY LOCAL REG.

Feb 7, 1963

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0590

2 0590

3

4 0

5 1

6

7 1

8 2

9 420.1

10

11

12 90-2

13 1-0

FEB 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edward J. Head*

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.